

Application for Building and Trade Permit

Owner's Name: Michael Anderson Homes, Inc. Date: 7-26-06
Address: 180 Woodland Ridge Drive, Fuquay-Varina, NC Phone: (919) 552-1790
Directions to job site: 401N, turn right on Lafayette Road, go 1 to 2 miles and turn right into subdivision, right on Tylerstone Drive

Subdivision: Victoria Hills II (Phase 6) Lot: 157
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: New house
Total Project Cost: \$ 120,000

Building Permit Information

Heated SF 1750 Crawl Space Building Construction Cost \$ _____
Unheated SF 072 Slab () Acres Disturbed _____ Stories 1 w/ bonus room
Building Contractor's Company Name Michael Anderson Homes, Inc. Telephone (919) 552-1790
180 Woodland Ridge Drive, Fuquay-Varina, NC License # 50512
Address 27526
Signature of Officer(s) of Corporation Michael Anderson

Electrical Permit Information

Description of Work New Homes Electrical Cost \$ _____
TS Pole: Yes No () Underground Overhead ()
Permanent Service: Underground Overhead () Service Size: 200 Amps
919-552-5858
Electrical Contractor's Company Name NOVA NEAL SARGE ELECT. SERVICE Telephone 19526-6
Address 700 ALLAWBROOKE LANE Fuquay Varina, NC License # _____
Signature of Officer(s) of Corporation 27526
Cabin Neal Sarge

Mechanical Permit Information

Description of Work New homes
Number of Units _____ Type System _____ Mechanical Cost \$ _____
Jernigan's Heating + Cooling Telephone (910) 897-5217
Mechanical Contractor's Company Name 22 Hickory Tree Lane, Angier, NC 27501 License # 19342
Address _____
Signature of Officer(s) of Corporation 5th

Plumbing Permit Information

Description of Work New Residential Plumbing
Number of Baths _____ Plumbing Cost \$ _____
Griffin and Son Plumbing Telephone (910) 893-2569
Plumbing Contractor's Company Name P.O. Box 232, Buies Creek, NC 27506 License # 15696
Address _____
Signature of Officer(s) of Corporation Frankie Griffin

Insulation Permit Information

Residential Other () Not Required ()
Insulating Inc. - license - 11972 Address 1212 Home Ct., Raleigh, NC Telephone (919) 772-9000
Insulation Contractor's Company Name 27603

Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

Michael Anderson
Signature of Owner/Contractor/Officer(s) of Corporation

7-26-06
Date

Affidavit for Worker's Compensation
N.C.G.S. 87-14

The undersigned applicant for Building Permit # _____ being the:

Contractor
 Owner

Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

 Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

 Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

 Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

 Has/have not more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: Michael Anderson Homes, Inc.
By/Title: president / Michael Anderson
Date: 7-26-06

Required Inspections for SFA/SFD

Appl # 0650015439
 Valuation \$126,371
 Sq. Ft 1945

- 10 R*Bldg Footing
- 10-30 R*Elec Temp Service Pole
- 20 R*Bldg Foundation
- 20 Address Confirmation
- 30-999 R*Open Floor
- 30-999 R*Bldg Slab Insp
- 30-999 R*Elec Under Slab
- 30-999 R*Plumb under Slab
- 30-999 R*Bldg Water/Damp Proofing
- 40 Four Trade Rough In
- 40 Four Trade Rough In > 2500
- 40 Three Trade Rough In
- 40 Three Trade Rough In > 2500
- 40 Two Trade Rough In
- 40 Two Trade Rough In > 2500
- 40 One Trade Rough In
- 40 One Trade Rough In > 2500
- 50 R*Insulation Inspection
- 60 Four Trade Final
- 60 Four Trade Final > 2500
- 60 Three Trade Final
- 60 Three Trade Final > 2500
- 60 Two Trade Final

- 60 Two Trade Final > 2500
- 60 One Trade Final
- 60 One Trade Final > 2500
- 999 Envir. Operations Permit